

**APPLICATION DATA SHEET****Application Information**

Application number:: 10/007,795  
Filing Date:: 11/09/01  
Application Type:: ~~Non-Provisional~~ Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: No  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: No  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title :: A METHOD AND APPARATUS FOR  
OBTAINING INFORMATION ABOUT A  
DISPENSED FLUID, SUCH AS USING OPTICAL  
FIBER TO OBTAIN DIAGNOSTIC  
INFORMATION ABOUT A FLUID AT A  
PRINTHEAD DURING PRINTING  
Attorney Docket Number:: 900122.427  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 14  
Small Entity?:: No  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency::

Contract or Grant No.:

Secrecy Order in Parent Appl.?:: No**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ~~United States~~US  
Status:: Full Capacity  
Given Name:: Douglas  
Middle Name:: E.  
Family Name:: Weitzel  
Name Suffix::  
City of Residence:: Hamilton  
State or Province of Residence:: NJ  
Country of Residence:: ~~United States~~US  
Street of mailing address:: 96 Wolfpack Road  
City of mailing address:: Hamilton  
State or Province of mailing address:: NJ  
Country of mailing address:: ~~United States~~US  
Postal or Zip Code of mailing address:: 08619

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ~~United States~~US  
Status:: Full Capacity  
Given Name:: Clifford  
Middle Name:: A.  
Family Name:: Forsythe  
Name Suffix::  
City of Residence:: Rockaway

State or Province of Residence:: NJ  
 Country of Residence:: ~~United States~~US  
 Street of mailing address:: 68 Drake Avenue  
 City of mailing address:: Rockaway  
 State or Province of mailing address:: NJ  
 Country of mailing address:: ~~United States~~US  
 Postal or Zip Code of mailing address:: 07866

### Correspondence Information

Correspondence Customer Number :: **00500**

### Representative Information

Representative Customer Number::		<b>00500</b>
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### Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/247,432	11/09/00
This Application	Non-Provisional of	60/247,410	11/09/00

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	<u>Therics, Inc.</u>
Street of mailing address::	<u>115 Campus Drive</u>
City of mailing address::	<u>Princeton</u>
State or Province of mailing address::	<u>NJ</u>
Country of mailing address::	<u>US</u>
Postal or Zip Code of mailing address::	<u>08540</u>

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